

**State of Connecticut
Office of Health Care Access
Letter of Intent/Waiver Form
Form 2030**

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CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	New Britain General Hospital	
Doing Business As		
Name of Parent Corporation	Central Connecticut Health Alliance	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	100 Grand Street New Britain, CT 06050	
Applicant type (e.g., profit/non-profit)	Non-Profit	
Contact person, including title or position	Claudio A. Capone Director of Planning	
Contact person's street mailing address	100 Grand Street New Britain, CT 06050	
Contact person's phone #, fax # and e-mail address	(phn) (860) 224-5279 (fax) (860) 224-5740 ccapone@nbgh.org	

SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

Emergency Department Expansion and Renovation

b. Type of Proposal, please check all that apply:

☒ Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:

☐ New (F, S, Fnc) ☐ Replacement ☐ Additional (F, S, Fnc)

☒ Expansion (F, S, Fnc) ☐ Relocation ☐ Service Termination

☐ Bed Addition ☐ Bed Reduction ☐ Change in Ownership/Control

☒ Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

☒ Project expenditure/cost greater than \$ 1,000,000

☐ Equipment Acquisition greater than \$ 400,000

☐ New ☐ Replacement ☐ Major Medical

☐ Imaging ☐ Linear Accelerator

☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

c. Location of proposal (Town including street address):

100 Grand Street, New Britain, Connecticut

d. List all the municipalities this project is intended to serve: Berlin, Bristol, Farmington, New Britain, Newington, Plainville and Southington

e. Estimated starting date for the project: February 1st, 2006

- f. Type of project: 25 (Fill in the appropriate number(s) from page 7 of this form)

Number of Beds (to be completed if changes are proposed)

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

- a. Estimated Total Capital Expenditure: \$ 5,705,000
- b. Please provide the following breakdown as appropriate:

Construction/Renovations	\$4,800,000
Medical Equipment (Purchase)	550,000
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)	300,000
Sales Tax	
Delivery & Installation	55,000
Total Capital Expenditure	\$5,705,000
Fair Market Value of Leased Equipment	
Total Capital Cost	\$5,705,000

Major Medical and/or Imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

c. Type of financing or funding source (more than one can be checked):

- ☒ Applicant's Equity ☐ Lease Financing ☐ Conventional Loan
☒ Charitable Contributions ☐ CHEFA Financing ☐ Grant Funding
☐ Funded Depreciation ☐ Other (specify): _____

SECTION IV. PROJECT DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

ATTACHMENT A

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
3. Who is the current population served and who is the target population to be served?
4. Identify any unmet need and how this project will fulfill that need.
5. Are there any similar existing service providers in the proposed geographic area?
6. What is the effect of this project on the health care delivery system in the State of Connecticut?
7. Who will be responsible for providing the service?
8. Who are the payers of this service?

If requesting a Waiver of a Certificate of Need, please complete Section V.

SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT

I may be eligible for a waiver from the Certificate of Need process because of the following:
(Please check all that apply)

- ☐ This request is for Replacement Equipment.
 - ☐ The original equipment was authorized by the Commission/OHCA in Docket Number: _____.
 - ☐ The cost of the equipment is not to exceed \$2,000,000.
 - ☐ The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

AFFIDAVIT

Applicant: New Britain General Hospital

Project Title: Emergency Department Expansion and Renovation

I, Clarence J. Silvia, COO
(Name) (Position – CEO or CFO)

of New Britain General Hospital being duly sworn, depose and state that the information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to the best of my knowledge, and that New Britain General Hospital complies with the appropriate and (Facility Name)

applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

Clarence J. Silvia
Signature

11/16/05
Date

Subscribed and sworn to before me on 11/16/05

Joyce M. Hawrylik
Notary Public/Commissioner of Superior Court

My commission expires: JOYCE M. HAWRYLIK
NOTARY PUBLIC
MY COMMISSION EXPIRES DEC. 31, 2009

Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

Inpatient

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

Outpatient

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Abuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. Other Imaging Services
23. Lithotripsy
24. Mobile Services
25. Other Outpatient
26. Central Services Facility

Non-Clinical

27. Facility Development
28. Non-Medical Equipment
29. Land and Building Acquisitions
30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
31. Renovations
32. Other Non-Clinical

ATTACHMENT A

PROJECT DESCRIPTION

**NEW BRITAIN GENERAL HOSPITAL
LETTER OF INTENT
EMERGENCY DEPARTMENT EXPANSION AND RENOVATION**

PROJECT DESCRIPTION

Introduction

In this Letter, New Britain General Hospital is announcing its proposal to expand its Emergency Department in order to meet the increased demand experienced over the last several years.

Proposed ED Expansion and Renovation

Over the last eight years, patient volume at the New Britain General Hospital Emergency Department has experienced a 50 percent increase. Visits are forecasted to once again finish above 62,000 in FY06 posing a substantial problem with an ED designed for 45,000 visits per year. The current ED is 20,700 square feet. The renovation and expansion will add 10,531 square feet to that bringing the total to more than 31,000 square feet. Along with the gain in space, issues with floor plan design will be corrected, allowing for a better work flow. The proposed plans for the ED expansion take privacy issues, HIPPA compliance, need for a secure crisis stabilization unit, and time-saving technology into account in a beautiful, new design. The current ED offers only the privacy of a curtain between patient beds and contains the admitting process in a separate area from patient care. The proposed design maximizes patient privacy and includes the appropriate technology for 100 percent bedside registration. The renovation would result in 44 total beds, with 29 of these monitored, and a larger triage area. There are currently 34 beds, of which 16 are monitored. The total cost of the project is estimated to be about \$5,705,000.

There is a demonstrated need to expand and renovate the ED at New Britain General Hospital. Currently, the ED has exceeded its designed capacity. Patient care is being affected by unavailability of treatment rooms, current floor plans not designed for the today's high volume, lack of privacy and security for those patients who need it.

New Britain General Hospital will fund this project through its own equity and charitable contributions.

Conclusion

This proposal will have no adverse affect on the delivery of care as well as no significant impact on rates or patient charges. We respectfully request a favorable determination by the Office of Health Care Access on the renovation and construction of the New Britain General Hospital Emergency Department.

Supplemental Information:

- 1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.**

New Britain General Hospital is licensed as an acute care hospital. It offers a broad range of acute care services in the inpatient and outpatient settings.

A copy of the Department of Public Health license held by this facility is presented in **Attachment B.**

2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?

No change in the services offered at this facility is proposed in this application.

In this proposal, the Applicant is seeking to expand its Emergency Department in order to better meet the current and future demand. No new DPH licensure categories are being sought.

3. Who is the current population served and who is the target population to be served?

New Britain General Hospital currently receives nearly 67% of its ED visits from the city of New Britain. For the towns of Berlin, Newington and Plainville, NBGH's ED is the primary provider. The secondary service area is made up of Bristol, Southington and Farmington where NBGH is the second largest provider of emergent care. There will be no change in the population served.

4. Identify any unmet need and how this project will fulfill that need.

This project will improve the accessibility of services through the modernization and expansion of its current Emergency Department. The community will have better access to care. Currently, the ED staff faces barriers to providing efficient care. Spaces are tight as storage for today's equipment needs has become scarce. Stabilized and/or observation patients may sometimes be put into the hallway when a room is needed for another patient. Privacy becomes an issue as patients, family and staff feels uncomfortable discussing a patient's medical history when there is another patient nearby. Security issues are raised when psychiatric patients are treated in a non-secure area.

The project will address these issues by adding storage space, redesign physical workflow patterns, add secure areas for at risk patients, increase the number of treatment rooms, improve patient privacy and significantly enhance the environment for our patients, their families and our staff. Please see the Project Description for additional information.

5. Are there any similar existing service providers in the proposed geographic area?

Since New Britain General Hospital is currently a provider in this area, this proposal is not expected to have a significant impact on the patient volumes, financial stability or the quality of care offered by the other providers of service. The closest provider is John Dempsey Hospital.

6. What is the effect of this project on the healthcare delivery system in the State of Connecticut?

This proposal will improve the delivery of health care in central Connecticut by providing an up-to-date ED for patients, physicians, and staff. In addition, the proposal responds to the growing demand of

emergent care currently experienced. Finally, it affords the community improved access to care, reduced waiting time, and better security and privacy.

7. Who will be responsible for providing the service?

The responsibility for providing services in the new ED would not be changed by this project.

8. Who are the payers of this service?

The payor sources for services rendered at the renovated ED will be the same as they are today, as payer mix is not expected to be impacted by the facility project.

ATTACHMENT B

DPH LICENSE

STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0052

General Hospital

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

New Britain General Hospital of New Britain, CT, d/b/a New Britain General Hospital is hereby licensed to maintain and operate a General Hospital.

New Britain General Hospital is located at 100 Grand Street, New Britain, CT 06050

The maximum number of beds shall not exceed at any time:

32 Bassinets

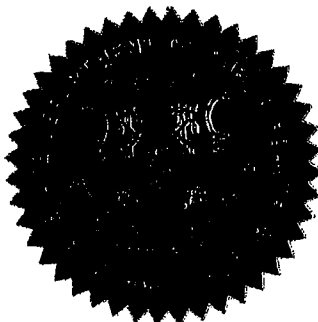
330 General Hospital beds

This license expires **December 31, 2006** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, January 1, 2005. RENEWAL.

Satellites

Older Adult Program, 33 Highland Street, New Britain, CT
Hispanic Counseling Center, 24 Whiting Street, New Britain, CT
New Britain General Hospital Counseling Center, 50 Griswold Street, New Britain, CT
Substance Abuse Services, 33 Highland Street, New Britain, CT
Kensington Primary Care, 320 New Britain Road, Kensington, CT



J Robert Galvin M.D., M.P.H.

J. Robert Galvin, M.D., M.P.H.,
Commissioner